AFFIDAVIT

STATE OF NORTH CAROLINA

COUNTY OF CATAWBA

		(name of affiant), appearing
befo	ore the undersigned notary and being	duly sworn, states the following:
1.	My full name is	
2.	I swear (or affirm) that I have not been issued a Social Security number by the United States Government and I am ineligible to obtain a Social Security number.	
Sign	nature of affiant	
	orn to (or affirmed) and subscribed , 20	before me thisday of
Nota	ary Public Signature	Notary Public Printed Name
		(Notary Seal)
Mv	Commission Expires:	